DATE: 03-Sep-2008

SUPPLEMENTAL	PERSONAL	HISTORY	STATEMENT			
INSTRUCTIONS						

SECTION I. Answer all questions completely. If question does not apply, write "NA." Write "UNKNOWN" only if you do not know the answer and it cannot be obtained from personal records. If additional space is required use extra pages, same size as this and sign each page. Reference continued item by related section and item number.

The Privacy Act, Public Law 93-579, requires that Federal agencies inform individuals when they are asked to provide their Social Security Account Num.

by you of you	ether the disclosure is m ir SSN on this form is vo	luntary. The authorit	y for this solicitation	is Executive Ord	icited and what er 9397. The nu	uses will be ma mber is used as	de of the SSN. L a means to conf	irm your
identity. Fai	lure to provide your SSN	may delay the proce	ssing of this reinvest	igation.				
S ELL L NA	ME (Last-First-Middle-Ma	siden)	2. DATE OF BIRT	H 3. PLACE OF	BIRTH (City, 5	tate, Country)	4. SOC. SEC	. NC
	LIUS. JOHN	<i>W</i> .	4/2/26	BALTINO	artt	0		
SECTION II.	LIUS, JOHN		MARITAL	TATUS	11/19			
	STATUS (Single, Marrie	d Widowed Saparat	ad Divorced Annulle	d Remarried SP E	E C: FY			
2. NAME OF		(Last)	(First)		(Middle)		(Maiden)	111
			ELIZADE TH		EDITH	-	- GIUS	'1 '
3. DATE AN	D PLACE OF MARRIAG	7		_	<u> </u>		7/0/4	
	10/3//	82 57	MARYS	CHURCH,	BARAK.	SULLE, 1		-
4. DATE OF	BIRTH	5. PLACE OF	BIRTH (City, State,	Country)				
1	8/23/3>	100	APTST H	VIVERT.				
6. OCCUPAT	/ \(\frac{1}{2} \).	7. PRESENT	EMPLOYER 2.	/	STAND.	A PA C		
KESEARC				REAV OF		0. DATE U.S. 0	WT/7ENSUID A	CUIRED
B. CITIZENS	2	9. FO	RMER CITIZENSHIP			6 July	1 1965	COINED
11. STATE C	ATE, PLACE, AND RE	ASON FOR ALL DIV	ORCES OR ANNUL	ENTS		motherty	in to 1	nd
	NIN						7	
	1417.	·						
SECTION III.	. CHILDREN	AND OTHER DEPE	NDENTS (Provide info			1		
1	NAME .	RELATIO		ACE OF BIRTH	CITIZENSHI		ADDRESS RD, DAMASCOS	.Mò
JOHN W	DEBELIUS, III	SOM	KIEWARK		0.5.		zor Ren RU	
JAMES J	M Mc Kar	SON DAKET	BALTIMOR		10.5		um on ST.	
MARY	M. McKelly		10		05		POST RO AD	
/ NOVE	C. DESECUS	DAUGH	ALEM HELD	//•	1	19R3 GA		FR
FLY2A135	M. J. DEBELL	US DALGH.	72. BALTIMGA	E,MO	0.5		PHERSKIR	• • •
SECTION IV.	RFI	ATIVES BY BI OOD	MARRIAGE OR ADO TIZENS OR (3) WOR	PTION WHO EITH	HER (1) LIVE A	BROAD,		7
1. NAME	(Last-First-Middle)		I2. RELA	TIONSHIF TS. DA	TE OF BIRTH		RTH (City, State,	Country)
	ezing Elizat	to th	MOTHER	-AL -ZAW 31	19/15	Budapes	it , Hungai	ry
5. CITIZ	ENSHIP (Country)		SS OR COUNTRY IN	WHICH RELATIV	ES RESIDES		/ 3	J
(1)	Hungarian		Hune	gary	* .			
E 1	OYED BY			SUENCY OF CON	TACT	9. DATE OF L	AST CONTACT	MAL
	HOMEMAKER		KIONE			WIEH	SPOUSA	
	(Last-First-Middle)	-		TIONSHIP S. DA			BIRTH (City, Sta	
1 44	Opik Zolta ENSHIP (Country)	in F.	SS OR COUNTRY IN	WHICH RELATIV	ERESIDES	Dogup	est, Hun	yury
(2)	Hungaria	1	Hune	ary				
a ;	OYED BY .		5. FRE	UENCY OF CON	TACT	POATE OF L	AST CONTACT	MAIL
Egye	sult Jzzo		NO	VE.		WITH	Spart=	-
SECTION V.			EDUCAT	TION				
	TION SINCE DATE OF	/ .	Course	Carrie	Por	/		leci
	ETOWN CHAVER	SITY LAU		CRADONTE	PROGRAM	1/8	3 - 3/	<u>' </u>
SECTION VI.		. T. C. L. C. T. C	EMPLOYMENT	HISTORY		······································		
	ART TIME EMPLOYMEN			THE BE TO STATE	MA	20 -	E 2	
Your	+ DEBELIUS DEBECUS) LAWY		THERS BURG				
Your	DEBECOS	+ CLIFF	ORD GAR	THE SAING	11/1/	0 7 - 8	/ .	

SECTION VII.	RSONS TO BE NOTIFIED IN CASE OF EMERGE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
KAME (Last-First-Middle)	RSUNS TO BE NOTIFIED IN CASE OF EMERGE		ATIONSHIP			
		2. RELATIONSHIP				
S. HOME ADDRESS (Number, Street, City, State, Z.	IP Code)	4. HO	ME TELEPHONE N	NUMBER		
19803 GREENSIDE	TERRACE CAMERSON MBOS	17 9	748-7999	5		
5. BUSINESS ADDRESS (Number, Street, City, State,		6. BUS	SINESS TELEPHON	NE NUMBER & EXT.		
NATIONAL BUREAU	OF STAND ARDS	-	92/- 33:	2		
GA	IONERS ALAG. MID	1				
7. IN CASE OF EMERGENCY, OTHER CLOSE REL DESIRABLE BECAUSE OF HEALTH OR OTHER	LATIVES (spouse, mother, father) MAY ALSO BI R REASONS, PLEASE IDENTIFY THE PERSONS N					
SECTION VIII. RESIDENCE	Since date of last PHS, if overseas residence indic	cate only c	ity and country)			
	FIRST (Number, Street, City, State, Country) LUDE APARTMENT NUMBER(S)		INCLUSIVE DA	TES (Month & Year)		
1983 GREENSIDE TER		- 10	FROM- 78	1101 000		
9421 WARFIECD RD	CHITHERS BCAC, PULD 200	£ 19	78	70		
7901 VALLED IV	, CALLHOR SBURG FULL		76			
				4		
0201101117.	THREE (3) SOCIAL REFERENCES RESIDING IN T D NOT BE AN AGENCY EMPLOYEE. DO NOT INC					
NAME	RESIDENTIAL ADDRESS	-	BUSINESS A	ADDRESS		
MAS. MARY O'CONNER.	3157 BORGE ST. CAKTON VA.					
MR. EDMUND X KLIPA	6412 SEVEN CAKS CT- FALLS CHURCH VM.					
MAGNIANIN GENTILE	14008 CLAUSE LAME			-		
SECTION X. SUPERVISORS	- LIST YOUR CURRENT AND TWO PREVIOUS SU	PERVISO	RS			
NAME	BUSINESS ADDRESS	TELE	PHONE NO.	Y E A RS'KNO WN		
- NO SOPER	evisors . —					
FORMER PARINER W. YOUNG, &	302 F. DIAMOND MAD	84c	- 2232	8 Years		
				44		
SECTION XI.	PERSONAL DECLARATIONS					
1. HAVE YOU BEEN ARRESTED, INDICTED, OF C minor traffic violations) SINCE THE DATE OF YO	ONVICTED FOR ANY VIOLATION OF LAW (Other	r than for	Y ES (ex below)	plain No		
2. SINCE THE DATE OF YOUR LAST PHS, HAVE		IN YOUR	YES (ex	aplain 1		
LIFE WHICH MIGHT REQUIRE EXPLANATION? 3. HAVE YOU USED ANY ILLEGAL, PROHIBITED	DRUGS OR NARCOTICS SINCE THE DATE OF V	OUR LAST	below)	splain NO		
PHS?			below)	The state of the s		
4. HAVE YOU HAD ANY NON-OFFICIAL CONTACT NOT PREVIOUSLY REPORTED?	F WITH REPRESENTATIVES OF A FOREIGN GOV	ERNMEN T	YES (e. below)	xplain NO		
SECTION XII. ADDITION	NAL REMARKS (USE ADDITIONAL SHEET IF NEC	CESSARY)				
RE - SECTION IV	~./	344				
(3) HARRY A. DEBELIUS	BROTHER, DOB 6B/29	\mathcal{F}_{ij} \mathcal{E}_{ij}	ORM BALTI	mage, MD		
C.S. CITTZER, RESIDE	S AND HAS, DEB FOR	MA	ANY YEARS			
C.S. CITIZER, RESIDE	SPAIN		-III FA	1		
	SIGNATO		3'11/11'/	,		
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				er he y jorden som		